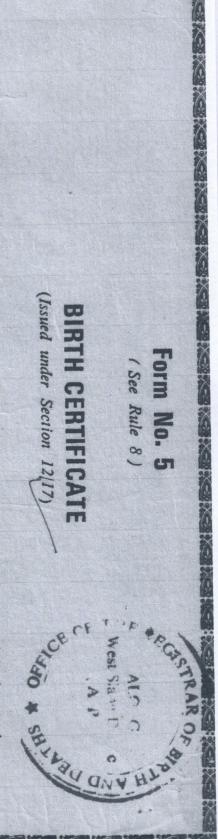
## Form No. 5

( See Rule 8 )

## BIRTH CERTIFICATE

(Issued under Section 12(17)



This is to certify that the following information has been taken from the original record ALONS

of State ARUNACHAL PRADESH of birth which is the register for (Local Area)...... of District WEST SANS

Name: SHRI TALING TALLIE

Sex MALE

Date of Birth: 05-10-86 /APTH OCTOBER WINE TEEN Place of Birth ALONS

Name of Father LATE DAWA TALLIE Name of Mother : SmT1 YASAR TALUK

Date of Registration ..... O8-06-2001. Registration No..... 1208/2007.

Date : 08/08/07

NAME OF THE PROPERTY OF THE PR

Signature